

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041053

1. Entity Name
QUIXMART INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90017 040 ***150.00

Principal Place of Business
237 JOEL BLVD
LEHIGH ACRES FL 33972

Mailing Address
237 JOEL BLVD
LEHIGH ACRES FL 33972

2. Principal Place of Business
1520 N. TAMUAMI TRAIL
Suite, Apt. #, etc.

3. Mailing Address
12670 NEW BRITTANY BLVD.
Suite, Apt. #, etc.
SUITE 101



DO NOT WRITE IN THIS SPACE

City & State
N. FORT MYERS
Zip
FL
Country
33903

City & State
FORT MYERS
Zip
FL
Country
33907

4. FE Number
65-1007737

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACE, WALTER JR
1467 SANDRA DR
FT MYERS FL

7. Name and Address of New Registered Agent

Name
ROBERT D. ROYSTON, JR., PA.
Street Address (P.O. Box Number is Not Acceptable)
12670 NEW BRITTANY BLVD
SUITE 101
City
FORT MYERS FL Zip Code
33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of Registered Agent or Secretary of State if applicable.

Robert D. Royston, Jr.

3/27/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KRAUS, ANDREAS ☐ Delete
P O BOX 1466
LEHIGH ACRES FL 33970

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MARION KRAUS ☐ Change ☒ Addition
P.O. Box 1466
LEHIGH ACRES, FL 33970

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andreas Kraus
ANDREAS KRAUS
PRESIDENT

03/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)